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CONFIRMATION NO. 4878

Bib Data Sheet

|  |   |   |  |  |                                    |
|--|---|---|--|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/720,465   | <b>FILING OR 371(c)<br/>DATE</b><br>11/21/2003<br><b>RULE</b>   | <b>CLASS</b><br>345                     | <b>GROUP ART UNIT</b><br>2629  | <b>ATTORNEY<br/>DOCKET NO.</b><br>70030582-1 |                                    |
| <b>APPLICANTS</b><br>Shan Chong Tan, Selangor, MALAYSIA;<br>Lye Hock Bernard Chan, Penang, MALAYSIA;<br>Tong Sen Liew, Perak, MALAYSIA;  |   |   |  |  |                                    |
| <b>** CONTINUING DATA *****</b>  |   |   |  |  |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |   |  |  |                                    |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 08/26/2004</b>   |   |   |  |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials <u>                    </u> |   | <b>STATE OR<br/>COUNTRY</b><br>MALAYSIA | <b>SHEETS<br/>DRAWING</b><br>3   | <b>TOTAL<br/>CLAIMS</b><br>11                | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>57299  |   |   |  |  |                                    |
| <b>TITLE</b><br>POINTING DEVICE WITH ADAPTIVE ILLUMINATION LEVEL   |   |   |  |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>770  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |